## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

(703) 746-4000

or Fax

TRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  32566 7590 03/29/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
SAN JOSE, CA 951	34		·. •			(Depositor's name)
					<del></del>	(Signature)
					· · · · · · · · · · · · · · · · · · ·	(Date)
APPLICATION NO.	FILING DATE	F	IRST NAMED INVI	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,398	07/11/2003	Justin Reyn			PIX-P-071-1D	5526
TITLE OF INVENTION: SI	NGLE-CHIP MASSIVELY	PARALLEL ANA	LOG-TO-DIGITA	AL COVERSION		
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	06/29/2004
EXAM	EXAMINER		T	CLASS-SUBCLASS	7 .	
YOUNG, BRIAN K		2819		341-159000	_	
Address form PTO/SB/12  "Fee Address" indication PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Linless	nce address (or Change of Cl2) attached. on (or "Fee Address" Indica or more recent) attached. Us RESIDENCE DATA TO E an assignce is identified b 37 CFR 3.11. Completion	correspondence tion form e of a Customer  BE PRINTED ON 1 clow, no assignce of this form is NO	(2) the name of registered attorn 2 registered paulisted, no name THE PATENT (prindata will appear of a substitute for file	nt or type)	s a member a 2ames of up to If no name is 3	document has been filed fo
Please check the appropriate  4a. The following fee(s) are			inted on the patent		corporation or other private g	group entity U governmen
				amount of the fee(s) is e	nclosed.	
Publication Fee (No sr	nall entity discount permitte	ed)	, .	dit card. Form PTO-203		
☐ Advance Order - # of	Copies		The Director is	s hereby authorized by	charge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).
5. Change in Entity Status  a. Applicant claims SM	(from status indicated abov	ve) 37 CFR 1.27.			NTITY status. See, e.g., 37 CI	
NOTE: The Issue Fee and P		will not be accepte	d from an vone other		usly paid issue fee to the applic egistered attorney or agent; or	
(Authorized Signature)	·	(Date)				
an application 05/26/20			2501	\$665.00 05/25	•	)A 502226 :paring, and to complete
this form and 05/26/20 Box 1450, Al 05/26/20						A 502226 merce, P.O. Box 1450

TRANSMIT THIS FORM WITH FEE(S)